

# DENTAL DESIGN CONCEPTS

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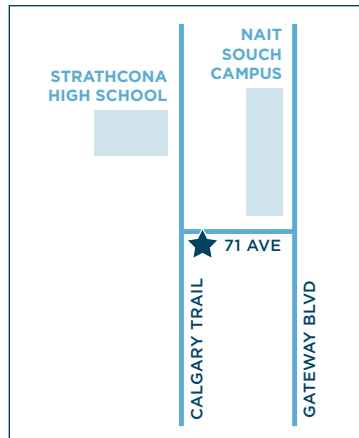
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**INTRODUCING** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PH(H)** \_\_\_\_\_ **PH(W)** \_\_\_\_\_ **PH(C)** \_\_\_\_\_

**APPOINTMENT** \_\_\_\_\_

**REFERRED TO DR**     LEE     VERHAEGHE     EITHER

**REFERRED BY DR** \_\_\_\_\_ **PH** \_\_\_\_\_

## CONSULTATION REGARDING

**RADIOGRAPHS**     EMAILED (*Preferred*)

ENCLOSED     WITH PATIENT     NONE